

Professional Responsibilities for Treatment of Patients with Ebola: Can a Healthcare Provider Refuse To Treat a Patient with Ebola?

LINDA TWARDOWSKI, M ED, BSN, RN; TWILA MCINNIS, RN, MS, MPA; CARLETON C. CAPPUCCINO, DMD;
JAMES MCDONALD, MD, MPH; JASON RHODES, MPA, EMT-C

A Joint Statement from the President of the Rhode Island Board of Nursing, the Chair of the Rhode Island Board of Dentistry, the Chief Administrative Officer of the Rhode Island Board of Medical Licensure and Discipline, and the Chief of Emergency Medical Services, Rhode Island Department of Health.

Primum Non-Nocere. First do no harm. This is the first rule of medicine, reminding us of our duty to protect our patients and to ensure that our procedures and treatments never worsen a patient's condition.

But what if the healthcare provider is at risk of harm from the patient? May a licensed healthcare provider refuse to treat a patient? A patient, say, with Ebola?

The recent emergence of Ebola in West Africa begs the question, and indeed, as a recent op-ed in the *Washington Post* brought to light, Susan Grant, Chief Nurse Executive of Emory Healthcare, was roundly criticized for "bringing patients" with Ebola to Emory University Hospital for treatment.¹ (Presumably, the underlying concern of Ms. Grant's critics, who "responded viscerally on social media," was rooted in Ebola's high case fatality – as high as 90%.² Indeed, the entire affair was highly reminiscent of the emergence of AIDS some thirty years ago.)

Beneficence

A healthcare provider has an ethical and professional duty to address a patient's needs, as long as the patient's diagnosis – or when the patient's initial complaint, on the face of it – falls within the provider's scope of practice.³ Refusing to do so is not consistent with the ethical principle of *beneficence*. Most simply put, beneficence refers to a provider's duty to help patients,⁴ understanding that the expression of beneficence may legitimately vary on the basis of a provider's moral beliefs, psychological state, or physical ability. None of the latter, however, is applicable to Ebola, *per se*. Indeed, as illustrated by Ms. Grant's recent experience, the primary issue in the decision to treat Ebola patients is likely to be the risk of disease transmission.

The risk of disease transmission – in and of itself – does not provide grounds for the relaxation of a provider's duty to help a patient, especially because the risk is understood and readily mitigated.⁵

Consider, for example, an ethics opinion⁶ about the care of HIV patients issued by the American Medical Association (AMA) in 1992. "A physician may not ethically refuse to treat a patient whose condition is within the physician's current realm of competence solely because the patient is

seropositive for HIV. Persons who are seropositive should not be subjected to discrimination based on fear or prejudice." A similar position was developed by the American Dental Association (ADA).⁷ "A dentist has the general obligation to provide care to those in need. A decision not to provide treatment to an individual because the individual is infected with Human Immunodeficiency Virus, Hepatitis B Virus, Hepatitis C Virus or another blood borne pathogen, based solely on that fact, is unethical."⁸ The applicability of these opinions to the care of patients with Ebola is unambiguously clear.

Mitigation of Risk

Ebola is spread by contact with infected bodily fluids,⁹ so standard precautions and droplet precautions are taken, carefully donning and doffing personal protective equipment (PPE) such as gown, gloves, N-95 mask, and goggles.¹⁰ It is incumbent upon healthcare employers to assure ready availability of PPE and to conduct thorough training in its proper use. Healthcare employers must also enforce the consistent use of PPE – not just when caring for Ebola patients, but when caring for *any* infectious disease patients.

Professional Obligation

The primary standard of care for all healthcare professionals is the delivery of high quality care to everyone, regardless of underlying disease. State licensing boards and agencies grant professional licenses which impose obligations and responsibilities on license holders in active practice.

In Rhode Island, licensed healthcare professionals in active practice are obliged to treat and/or care for Ebola patients, while minimizing the risk of Ebola transmission to self and others.

Failure to do so is a potential breach of Rhode Island's licensing laws for healthcare professionals, and warrants thorough investigation and potential sanctions. Therefore, healthcare providers must reflect very carefully before refusing care to a patient. Concerns about personal risk (which, in the case of Ebola, can be readily mitigated) must be weighed against ethical and professional obligations.

The Spirit of Emory

At Emory, staff members volunteered to care for Ebola patients; some staff members voluntarily canceled vacations to do so.¹¹

This spirit reflects the best attributes of those who share our professions.

References

1. *Washington Post*, August 6, 2014, accessed 9.17.2014
2. *Ebola Hemorrhagic Fever*: accessed 9.16.2014
3. *Pol Arch Med Wewn*. 2008 Jun;118(6):368-72. Can a physician refuse to help a patient? American perspective Hood, VL: accessed 9.16.2014
4. *Ethics in Medicine*, University of Washington
5. CDC Safety Training Course for Health Care workers to west African Response to Ebola, 2014: accessed 9.17.2014
6. AMA, Opinion 9.131 - HIV-Infected Patients and Physicians
7. *ADA News*, Sep 8, 2014: accessed 9.17.2014
8. American Dental Association. *Principles of Ethics and Code of Professional Conduct*. Chicago: American Dental Association, 2012. Advisory Opinion 4.A.1., pp. 8-9.
9. Infection Prevention and Control in Hospitalized Patients: accessed 9.16.2014
10. CDC Tools for Protecting Healthcare Workers: accessed 9.16.2014
11. *Washington Post*, August 6, 2014

Authors

Linda Twardowski, M Ed, BSN, RN, is President of the Rhode Island State Board of Nursing and Certified School Nurse Teacher (District Coordinator) for the Town of North Kingstown, Rhode Island.

Twila McInnis, RN, MS, MPA, is Chief Administrative Officer of the Rhode Island Board of Nursing.

Carleton C. Cappuccino, DMD, is Chair of the Rhode Island Board of Dentistry.

James McDonald, MD, MPH, is Chief Administrative Officer of the Rhode Island Board of Medical Licensure and Discipline.

Jason Rhodes, MPA, EMT-C, is Chief of Emergency Medical Services, Rhode Island Department of Health.